

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

02-03-04

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	1					
8	1					
9	2					
10	2					
11	2					
12	2					
13	2					
14	2					
15	0					
16	5					
17						
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50						
TOTAL IND.	3					
TOTAL DEP.	29					
TOTAL CLAIMS	32					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						